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## Class Talk

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## CLASS TALK

### CLASS OF '37

By John E. Maupin

#### FRESHMEN

**D**ESPITE the perilous conditions that are being endured during these days, the minds of the entire world have not been altered. At some time or other in life, students find it necessary to decide upon a career which not only severs relationships, but leads into various pathways. From different parts of the world, representatives have come to enter the portals of Howard University in the hope of attaining their goal in life through the medium of the College of Dentistry. Therefore, we find a mixed group representing the Dental Class of 1937, whose common aim is to be of service to humanity and to aid in the uplift of mankind.

Dentistry is one of the foremost professions providing a perfect medium through which men endeavor to promote the health of their fellowmen. It is with this view that we look eagerly into the future and strive earnestly from day to day.

Our reason for saying the profession affords a perfect medium for the alleviation of human sufferings is obvious. The physical needs are undoubtedly the most urgent. Modern civilization has so changed life that men suffer often and grievously from the mishaps which occur to their teeth. The dentist is in a key position for the alleviation of what is admitted to be the most excruciating pain suffered by any human being—toothache. From carious teeth, the human organism is subject to all sorts of disorders, gastric being by far the most common. Then the human mechanism is so arranged that the machine, in order to function correctly, must have a spiritual and mental adjustment.

No profession is better fitted to accomplish this than Dentistry. It is unique in that, when it relieves pain, it soothes the individual and leaves him in a state of relaxation, in which attitude his spiritual needs can best be supplied.

With the foregoing as a basis of our hopes and desires, the class of 1937 marches on in search, not for new glory, but for scientific knowledge and professional equipment to help alleviate the suffering of mankind.

## GREETINGS FROM THE SOPHOMORES

By James J. Byrd

### SOPHOMORES

**A**LTHOUGH the class may not need an introduction to the various members of the faculty, we do find it a pleasure to give our readers a glimpse into the class of '36.

From the Middle West, we have as a member, Laurence Nofles, a resident of St. Louis, Missouri, who took his predental work at Howard University and has thus far proved himself to be a capable student. Coming from the City of New York, we have Oliver K. T. Wildman, a man of world-wide experience, having served in the British Army upon the Palestine front during the World War. He later completed his predental work at New York University. Leslie Hinds hails from the same metropolitan area and resides in Brooklyn. He completed his predental work at New York University. From New Jersey, we have J. J. Byrd, a graduate of Lincoln University.

For the past five quarters, our courses have introduced us to both the field of medicine and dentistry, thus establishing a firm and permanent foundation. At present, the class is doing intensive work in Dental Bacteriology, after having completed the course offered in General Bacteriology. Most of the work deals with analysis and diagnosis of cases obtained from the clinic. Each case is thoroughly analyzed and its immediate etiology is determined and reported. The object of the course is to obtain a thorough knowledge of the importance of bacteria commonly found in the mouth and their relationship to disease common to the oral cavity.

Our schedule is a very full one and we sometimes feel that the program is rather difficult. We are thoroughly convinced already that there is no royal road to success in dentistry. We are not dismayed, however, but look forward to completion of the preclinical courses and to a happy entrance into the clinical phase of our professional training.

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## JUNIOR BACCALAUREATES

By Ferris C. Warren

### JUNIORS

**I**F SIZE were a prerequisite to make a class interesting, we could not boast of the prowess of being the strongest in the category of classes in the institution. Since personality, and not numbers, lends power to a group, we hold an important place in the scheme of things.

A group of expectant college students entered upon their "professional journey" as "Freshies," in the year 1931. All were willing and anxious to become dentists, each with some personal reasons for his choice of the profession. After nearly two years of preclinical sciences, we suddenly saw the dawn of Clinical Dentistry.

Were you to peep into our class, you could not miss James (Jimmie) Brown, tall, well-built and debonair, from Richmond, Virginia, and a graduate of Virginia Union University. He is a quick thinker, slow, but meticulous, worker and interested only in dentistry.

Then comes Caesar Valdes—slim, sleek and suave—from that little town of old New York, and a graduate of Lincoln University. He is the "fast mon" of the class, is always in a hurry, and "Speed" is his motto.

And then there is Ferris Warren, fat, fair, and jolly, from the same town of New York, and a graduate of Hunter College. She works with moderate speed, and there is plenty of room for improvement. In this trio can be seen the embodiment of the fine spirit characterizing the class of '35.

The Junior year has its trials and hard work, but there is still some time left for laughter and fun. How we love Crown and Bridge and Orthodontia classes. Many a sleepless night is spent in planning the correction of old mistakes and in anticipating the new forthcoming ones.

The clinical work is most enjoyable and interesting. We are usually up to our necks with appointments, and we find ourselves hoping, almost against hope, to finish the requirements for the trimester. Then Pedodontia Clinic is very exciting. These tender, sweet children's teeth must be cared for so that they may grow up into beautiful men and women (dentally). Such squirming and crying as can be met with every Tuesday, from ten to one o'clock, is well appreciated by the kind and patient dental students. Other courses, also, have their places in the sun.

We are now nearing the completion of the first year in clinical training, and are just beginning to see what it is all about. With this experience, we are more determined than ever to complete our professional education and to accept the unique opportunity for health service that is offered through dentistry.

## A CONSIDERATION OF RICKETS

By Francis M. Hall, M.D., '34\*

### SENIORS

**D**ENTISTRY and Medicine are inseparable professions. Each year, dentistry becomes more indispensable to the progress of the program of public health. For this reason, the modern dentist should have a fair knowledge of the general practice of medicine. Many dental irregularities and diseases are associated directly with general diseases and the reverse is also true.

Interrelated with dentistry and medicine is the disease, Rickets. The mortality of this disease *per se* is relatively negative; but its sequelae, and its ravages on the physiological functions and the health of the very young make it one of the chief indirect causes of the present high rate of infant mortality.

Rickets is a general disorder of metabolism in infancy and early childhood, which affects the whole body, chiefly those structures containing a large amount of calcium and phosphorous—bones and teeth. Its most striking manifestation is poor calcification of these structures.

The incidence of rickets in America is fifty per cent among artificially fed children and fifty per cent among breast fed children in crowded sections of large towns. It is found among the rich and the poor where antirachitic measures are not used. Among the deficiency diseases, rickets is unique in that a dual deficiency must exist before it can develop. The intake of vitamin D must be inadequate, and the exposure of the body to ultraviolet rays must be insufficient. If either factor is adequately supplied, rickets does not develop. Vitamin D is most abundant in fish oils and in egg yolks. Fresh cows' milk contains very little. Antirachitic properties may be given to fat containing foods by means of ultraviolet radiation. This phenomenon is due to the presence of traces of a sterol ergosterol which is widely disseminated in nature. This sterol, though inactive *per se*, becomes a powerful antirachitic agent hundreds of times more potent than plain cod liver oil or egg yolk, when subjected to ultraviolet radiation.

The disease appears as early as the third month of infancy, rarely before, but it usually manifests itself from the sixth to the twenty-

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\* Since his graduation from the College of Medicine of Howard University in 1927, Dr. Hall has been actively engaged in the practice of Medicine in the remote sections of Florida, where medical and dental practitioners are practically unheard of. Dr. Hall entered the College of Dentistry in 1931 and is now a member of the Senior Dental Class. This article is a voluntary contribution of his own selection.

fourth month. Although it is a disease of infancy and early childhood, it is sometimes present in older children. In such cases, it is called late rickets. In the adult, a condition very similar to rickets is called osteomalacia. In rickets, minerals in the circulating body fluids seem to have a greater predilection for the developing teeth than for the rest of the bony skeleton. After full development of the teeth, the enamel does not undergo any changes in its mineral content. If the enamel in whole or in part is of poor mineral content, it will remain so. The dentine of the teeth is different. Its mineral content will show slight fluctuations according to the antirachitic content of the diet.

Rickets though principally a disease of the skeletal structure affects the whole body. In the early stages of the development of the disease, children are usually constipated, restless, irritable, and disinterested in play. They sleep poorly and often wear off the hair on the back of the head from rolling on the pillow. Standing alone, walking, and dentition are delayed. As the disease develops, the muscle pull on the soft undeveloped skeleton causes deformities such as rachitic rosary, pigeon breast, bowed legs, knocked knees, rachitic head, and so-called double joints.

The teeth may be completely discolored or streaked. Often, they present an ashy appearance, and, in others, they are deeply fissured and malformed. Occasionally, the teeth are lacking in enamel and the cusps are formless. The facial bones may be malformed to such an extent that there is lack of harmony of the arches with the resulting various forms of malocclusion. Eruption of the teeth may be delayed, often as much as twelve months. The deciduous teeth are usually good, possibly because they have the first chance to draw upon the available maternal antirachitic supply. The permanent teeth usually reveal the presence of this constitutional malady. Microscopically, the incremental lines are more numerous and wider, the enamel rods are less distinct, and the interglobular spaces of the dentine are more numerous than in normal dentine. An X-ray examination of the teeth reveals the presence or absence of teeth and the relation and direction they take when they are late erupting. As stated, the disease is seldom fatal, and, if the child does not die from complications during the first year, it generally improves in health even though the bone salts continue to be lacking. This is possibly due to the change in diet from milk to a greater variety of foods.

Under specific treatment, rickets will respond very satisfactorily. Deformities may be corrected by the use of braces in conjunction with

an antirachitic diet. In the treatment, preventive measures are curative measures. Vitamin D, ultraviolet radiation, sunlight, fresh air and a diet containing an adequate supply of minerals are specific. The antiscorbutic Vitamin C found in fruit juices is an adjunct.

Since rickets is present in some degree in thirty per cent of the one year old children of the United States, it is a good practice to carry out this preventive-curative procedure from early prenatal life to, at least, the second year of postnatal life. Rickets is preventable and is on the path to eradication.

Education of the laymen in this respect is a part of the responsibility of Physicians and Dentists in the promulgating of the great program of public health.

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